

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90175 024 \*\*\*150.00

**DOCUMENT # K90303**

1. Entity Name

**MEDICAL INSURANCE TRUST ACCOUNTING, INC.**

Principal Place of Business

P.O. BOX 10685  
 POMPANO BEACH FL 33061

Mailing Address

P.O. BOX 10685  
 POMPANO BEACH FL 33061

**675527**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**RT 4 Box 182**

3. Mailing Address

**P.O. Box 929**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BRANFORD FL**

City & State

**BRANFORD FL**

4. FEI Number

**65-0119581**

Applied For

Not Applicable

Zip

Country

**32008**

**USA**

Zip

Country

**32008**

**USA**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, GEORGE E.**  
**950 N. FEDERAL HIGHWAY, SUITE 219**  
**POMPANO BEACH FL 33062**

7. Name and Address of New Registered Agent

Name  
**ANTHONY BELTOLOTTI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**RT 4 Box 182**  
**COUNTRY ROAD 425**  
 City  
**BRANFORD FL** Zip Code  
**32008**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**ANTHONY BELTOLOTTI**

**7/19/02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so: ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**

**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PD**  
**BERTOLOTTI, JEFFERY**  
**RT. 4 BOX 182**  
**BRANFORD FL** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD**  
**BERTOLOTTI, JOAN**  
**RT. 4 BOX 182**  
**BRANFORD FL** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD**  
**BERTOLOTTI, ANTHONY**  
**RT. 4. Box 182**  
**BRANFORD FL 32008** ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **ANTHONY BELTOLOTTI**

**7/19/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

Medical Insurance Trust Accounting, Inc.  
P.O. Box 929  
Branford, FL 32008  
(386) 935-0325

# K90303  
675527

July 19, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Attn: Division of Corporations Dept.

Dear Sir or Madam:

Please be advised that this was the first notice we received for the filing of the 2001 Uniform Business Report (UBR). During the year, my wife who was very ill and passed away during 2002 was in charge of running our business. In addition, our address changed to the address above. I did not realize until your latest notice that the form was not received. Apparently, we did not receive the first notice for filing the form.

We respectfully request that you accept payment of \$150.00 since it was not our intention to file late. Thank you very much in advance for your consideration in this matter.

Sincerely,

Tony Bertolotti

